

MINUTES

LEGISLATIVE TASK FORCE ON THE BEST PRACTICES FOR SPECIAL EDUCATION

Wednesday, February 10, 2016

10:00 a.m.

Room 130, State Capitol, Little Rock, Arkansas

The Legislative Task Force on the Best Practices for Special Education met on Wednesday, February 10, 2016 at 10:00 a.m., in Room 130 of the State Capitol Building, in Little Rock, Arkansas.

Members in Attendance

The following legislators attended: Senators Uvalde Lindsey, Chair; and Blake Johnson. Representatives Tim Lemons, Vice Chair; and Sheilla Lampkin. Ms. Carla Brainard, Ms. Lisa Haley, Ms. Barbara Hunter-Cox, Ms. Renee Johnson, Ms. Leslie Fiskin (Ms. Sarah Moore), Dr. Greg Murry, Ms. Bailey Perkins, Ms. Cassie Howell (Ms. Debra Poulin), Ms. Shirley Ann Renix, Dr. Bruce Smith, Ms. Lisa Tisdale-Parker, Ms. Tina Vineyard, Ms. Cindy Marie Weathers, and Ms. Angela Winfield.

Other legislators attending: Representatives Eddie Armstrong, Mary Broadaway, David Fielding, Grant Hodges, Fredrick Love, Julie Mayberry, Betty Overbey, James Ratliff, James Sorvillo, Nelda Speaks, and DeAnn Vaught.

Senator Lindsey called the meeting to order and recognized the aforementioned legislators for remarks.

Consideration to approve the Minutes of January 6, 2016. Without objection, the minutes were approved. [EXHIBIT B]

Current Practices for Identifying Students for Special Education Services and Programs in Public Schools in Arkansas as Relates to Autism and Early Intervention (Matrix Item A) [EXHIBIT C]

Dr. Peggy Schaefer-Whitby, Associate Professor, University of Arkansas (U of A) was recognized and presented a Power Point presentation entitled, “ Autism Early Childhood Screening and Eligibility for School Services” [see Exhibit C for full report]. She stated that based on a study by the *Autism Monitoring Network*, national data supports that 1 out of 68 children will be diagnosed with an autism spectrum disorder by the age of 8 years old. Of this number, 1 out of 65 children in Arkansas will be diagnosed with an autism spectrum disorder by the age of 8. Arkansas is the only state in the country that looks at autism in all counties throughout the state. More children are being diagnosed at an earlier age. Boys are still five times more likely to be diagnosed with autism than girls. There has been an increase in Latino and Black children being identified, but this does not account for the total increase. According to Dr. Whitby, 31% of the children identified as having autism also had an intellectual disability. Early intense intervention can change the trajectory of the disorder for many children. Dr. Whitby reported that Arkansas’ Medicaid program does not provide autism services for children ages 6-21, however, there is a Medicaid waiver in place for younger children. There are 100 slots and 50 children are currently on the waiting list.

Dr. Whitby stated that the Centers for Disease Control (CDC) promotes developmental monitoring as it examines the developmental milestones of all children. Referencing the *Milestone Moments* booklet, Dr. Whitby pointed out that families can utilize the booklet to follow their child’s development and the milestones they reach at each age. She noted that 17% of children have developmental delays but not developmental disabilities. Representative Lemons recommended that a booklet be given to every parent of a newborn. After a brief discussion, Senator Lindsey stated that special language in an appropriation bill can be drafted during the Fiscal Session to require the Arkansas Department of Health to mail the booklet along with a

newborn's birth certificate. Senator Johnson will visit with the Governor regarding this issue. Dr. Whitby will check with the CDC to inquire whether other states are doing this.

Dr. Whitby stated that coordinated care should be the focus as children need early diagnosis and services to prepare them for learning. In addition, schools also need support to educate the children. Families need to be informed of all the services that are available to choose services to meet their needs. She explained that some states (Michigan, Florida, and Virginia) have addressed coordinated care issues by creating autism centers. These centers are funded by the state to provide education, outreach, and case management services. Dr. Smith stressed that if these centers are created in Arkansas, they need to provide services not only for the parents but also for doctors and others to ensure collaborative services for a wide range of issues, problems, and disabilities. Such coordination would be more powerful and beneficial. ***Senator Lindsey stated the Task Force recommendation will include methodologies of communication to ensure blended services, including methods using digital media.***

Dr. Whitby noted that the U of A has \$2.5 million in its budget to create 5 centers across the state that provide a family liaison and an autism expert at each location to support those that need education and training. **She will be presenting her plan for this funding to the Department of Education on February 29, 2016.** It was noted that a variety of specialists currently work at the Co-ops. Senator Johnson expressed his concern with duplication of administrative services and specialist when creating new centers. Senator Lindsey noted his concern that the new centers being planned should address a broader population, not just autism. ***Senator Lindsey asked Dr. Whitby, Ms. Haley, and Dr. Smith to work together to structure something to address the issues noted and present the results to the Task Force after her presentation to the Department of Education.***

Review Current Practice for Screening Students for Learning Disabilities and the Services Provided for Students with Learning Disabilities (Matrix Item H) [EXHIBIT D]

Dr. Peggy Schaefer-Whitby, Associate Professor and Professor David Hanson, U of A, presented a Power Point presentation entitled, "Understanding Learning Disabilities Screening and Eligibility for Services" [see Exhibit D for full report]. Dr. Whitby explained that the federal definition of specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written). The disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Some disorders include: conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Learning disabilities are both real and permanent. Seven to eight percent of the population have learning disabilities. Approximately 40% of all children served under IDEA are under the classification of specific learning disability.

Professor David Hanson discussed the response/intervention process for dyslexia. Dyslexia is a term associated with specific learning disabilities in reading. Professor Hanson stated that research based instruction should be used along with a solid progress monitoring assessment. Dr. Whitby noted that the majority of children with dyslexia are in a general classroom setting. Ms. Perkins stated it would be useful for the Task Force to have sponsors of the Arkansas dyslexia legislation explain the rationale behind the legislation before making a recommendation.

The Task Force recessed for lunch and reconvened at 1:15 p.m.

Peer Mediated Strategies and Peer Support Strategies [EXHIBIT F]

Ms. Dianna Varady, Executive Director, Arkansas Autism Resource and Outreach Center, was recognized and presented a Power Point presentation entitled, "Peer-Mediated Support Strategies for Special Education Students" [see Exhibit F for full report]. Ms. Varady stated that inclusion can be very beneficial for children with disabilities. Based on a 2014 study, Pre-K students with disabilities who were in inclusive educational environments, who had access to typically developing peers with high language skills outperformed children with disabilities who did not. Peer training programs and peer support arrangements are

two types of peer-mediated support strategies. Peer training programs have an indirect approach with a broad focus, whereas peer support arrangements are more focused on the individual needs of the student with the disability. Ms. Varady reported the results of the peer training study showed superior outcomes for children with a specific disability whose peers received peer training that included social network popularity, playground engagement and teacher perceptions of social skills. Representative Mayberry reported that last year she worked with students that are a part of the Partners Club (PC) at Maumelle High School. These students used their class time to engage and work with special education students during Physical Education (P.E.). It was noted that this PC is a part of the Special Olympics and has been implemented in two schools in Arkansas. Senator Lindsey encouraged the Task Force to figure out a way to have PCs implemented in schools and list it as a recommendation. Ms. Bailey provided the following verbiage as the task force recommendation for implementing peer-mediated strategies: ***To encourage school districts to adopt peer-mediated support strategies in a way that will work in their schools.***

Regarding the Preliminary Report, the Task Force will collaborate and add comments to the document via Drop Box and vote on the changes. Ms. Cox suggested creating a best practice manual for principals. Senator Lindsey stated that Dr. Murry and Dr. Butcher can have this manual adopted through the Superintendant Association and School Board as the best practices special education manual. ***The Task Force also agreed to make this a recommendation.***

The next Task Force meeting will be held on Wednesday, March 2, 2016 at 10:00 a.m.

With no further business, the meeting adjourned at 2:36 p.m.